

STATE OF MICHIGAN

## Incident #

File Class

### Incident Disposition

Reviewer

 Open  Closed

Department Name

No. of Units	Crash Type	Special Circumstances	Weather (Mark Only One)	Light (Mark Only One)	Special Checks
<input type="radio"/> 1	<input type="radio"/> ① Single Motor Vehicle	<input type="radio"/> ① None	<input type="radio"/> ① Clear	<input type="radio"/> ① Daylight	<input type="radio"/> Fatal (Report All)
<input type="radio"/> 2	<input type="radio"/> ② Head On	<input type="radio"/> ② Deer	<input type="radio"/> ② Cloudy	<input type="radio"/> ② Dawn	<input type="radio"/> Corrected Copy
<input type="radio"/> 3	<input type="radio"/> ③ Head On-Left Turn	<input type="radio"/> ③ School Bus	<input type="radio"/> ③ Fog/Smoke	<input type="radio"/> ③ Dusk	<input type="radio"/> Replace (Entire Report)
<input type="radio"/> 4	<input type="radio"/> ④ Angle	<input type="radio"/> ④ Hit and Run	<input type="radio"/> ④ Rain	<input type="radio"/> ④ Dark-Lighted	<input type="radio"/> Delete (Entire Report)
<input type="radio"/> 5	<input type="radio"/> ⑤ Rear End	<input type="radio"/> ⑤ Fleeing Police	<input type="radio"/> ⑤ Snow/Blowing Snow	<input type="radio"/> ⑤ Dark-Unlighted	<input type="radio"/> Non-Traffic Area
<input type="radio"/> 6	<input type="radio"/> ⑥ Rear End-Left Turn	<b>Special Study</b>	<input type="radio"/> ⑥ Severe Wind	<input type="radio"/> ⑥ Other/Unknown	<input type="radio"/> ORV/Snowmobile
<input type="radio"/> 7	<input type="radio"/> ⑦ Rear End-Right Turn		<input type="radio"/> ⑦ Sleep/Hail		
<input type="radio"/> 8	<input type="radio"/> ⑧ Sideswipe-Same		<input type="radio"/> ⑧ Other/Unknown		
<input type="radio"/> 9	<input type="radio"/> ⑨ Sideswipe-Opposite	<input type="radio"/> ① Local			
<input type="radio"/> 10	<input type="radio"/> ⑩ Other/Unknown	<input type="radio"/> ② State			

County	City/Twp	Traffic Control		Construction Zone (if applicable) (Mark One From Each Group)		Activity	Relation to Roadway	Area	Road Condition (Mark Only One)	Total Lanes	Speed Limit
		① Signal		Type	Lane Closed	① On Road	(Location of First Impact)				
		② Stop Sign		① Const./Maint.	① Yes	② Off Road					
		③ Yield Sign		② Utility	② No	③ None					
		④ None of These									
① ①	① ①			Road Name		Divided Roadway N S E W	① On Road	① ①	① Dry	① ①	① ①
② ②	② ②			Distance			② Median	② ②	② Wet	② ②	② ②
③ ③	③ ③			① FT			③ Shoulder	③ ③	③ Icy	③ ③	③ ③
④ ④	④ ④			② MI			④ Outside of Shoulder/Curb	④ ④	④ Snowy	④ ④	④ ④
⑤ ⑤	⑤ ⑤			③ North				⑤ ⑤	⑤ Muddy	⑤ ⑤	⑤ ⑤
⑥ ⑥	⑥ ⑥			④ East				⑥ ⑥	⑥ Slushy	⑥ ⑥	⑥ ⑥
⑦ ⑦	⑦ ⑦			⑤ Beginning of Ramp				⑦ ⑦	⑦ Debris	⑦ ⑦	⑦ ⑦
⑧ ⑧	⑧ ⑧			⑥ End of Ramp				⑧ ⑧	⑧ Other/Unknown	⑧ ⑧	⑧ ⑧
⑨ ⑨	⑨ ⑨			Intersecting Road		Divided Roadway N S E W	⑤ Gore	⑨ ⑨		⑨ ⑨	⑨ ⑨
							⑥ Other/Unknown	⑥ ⑥		⑥ ⑥	⑥ ⑥
				Trafficway		① ② ③ ④					
				Access Control		① ② ③					

[illegible]

First Name	Middle	Last	Date of Birth			Sex <input type="radio"/> M <input type="radio"/> F	Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No
Street Address		Phone Number	Month	Day	Year	Injury <input type="radio"/> K <input type="radio"/> B <input type="radio"/> O <input type="radio"/> A <input type="radio"/> C	
City	State	Zip	Pos.	Rest.	Ambulance/Hospital		Airbag Deployed <input type="radio"/> ① Yes <input type="radio"/> ② No <input type="radio"/> ③ Not Equipped
First Name	Middle	Last	Date of Birth			Sex <input type="radio"/> M <input type="radio"/> F	Ejected <input type="radio"/> Yes <input type="radio"/> No Trapped <input type="radio"/> Yes <input type="radio"/> No
Street Address		Phone Number	Month	Day	Year	Injury <input type="radio"/> K <input type="radio"/> B <input type="radio"/> O <input type="radio"/> A <input type="radio"/> C	
City	State	Zip	Pos.	Rest.	Ambulance/Hospital		Airbag Deployed <input type="radio"/> ① Yes <input type="radio"/> ② No <input type="radio"/> ③ Not Equipped

Owner <input type="radio"/>	Witness <input type="radio"/>	Name	Address	Phone Number	Age	Pos.	Res.
Uninjured Passenger <input type="radio"/>							
Owner <input type="radio"/>	Witness <input type="radio"/>	Name	Address	Phone Number	Age	Pos.	Res.
Uninjured Passenger <input type="radio"/>							
Person Advised of Damaged Traffic Control <input type="checkbox"/>	Date	Time	Name	Damaged Property	Public <input type="checkbox"/> <input type="checkbox"/>	Owner & Phone	

Do Not Write or Mark In This Area

UD-10 SERIAL NUMBER

Serial Override Number

0014231



Unit Number, State, Driver License Number, Date of Birth, License Type, Sex, Hazard Action, First Name, Middle, Last, Street Address, Phone Number, City, State, Zip, Unit Type, Driver Condition, Interlock, Alcohol, Drugs, Vehicle Registration, State, VIN, Vehicle Description, Insurance, Towed To/By, Vehicle Direction, Special Vehicles, Location of Greatest Damage, Vehicle Type, Vehicle Use, Vehicle Defect, Private Trailer Type, First Name, Middle, Last, Street Address, Phone Number, City, State, Zip, Date of Birth, Sex, Ejected Trapped, Injury, Airbag Deployed, First Name, Middle, Last, Street Address, Phone Number, City, State, Zip, Date of Birth, Sex, Ejected Trapped, Injury, Airbag Deployed, Owner, Witness, Name, Address, Phone Number, Age, Pos., Rest., Uninjured Passenger, Name, Address, Phone Number, Age, Pos., Rest.

Unit Reported on Front, Sequence of Events, Action Prior, First, Second, Third, Fourth, Most Harmful, Unit Reported Above, Sequence of Events, Action Prior, First, Second, Third, Fourth, Most Harmful

Unit No., Carrier Name, Address, City, State, Zip, Carrier Source, GVWR, Vehicle Type, Driver's CDL Type, CDL Restrictions, CDL Exempt, Medical Card, Type & Axles Per Unit, Hazardous Material, Placard, Cargo Spill, ID #, Class #, Cargo Body Type, UD-10 SERIAL NUMBER, Investigated at Scene, Reported Date/Time, Photos By, Investigator Name(s) & Badge # (Print Only)

Crash Diagram and Remarks, North arrow, Grid area for diagram and remarks

Forward Original To: Michigan Department of State Police, Document Processing Unit, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

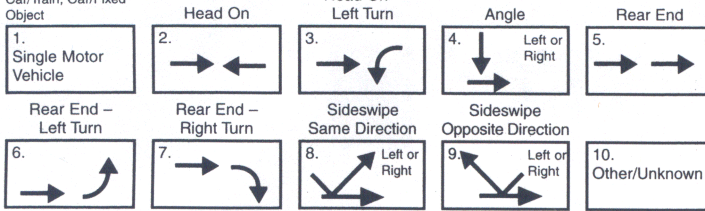


# STATE OF MICHIGAN TRAFFIC CRASH REPORT

Revised 11/98

## Crash Type (First Impact)

Single Motor Vehicle  
includes Car/Pedestrian,  
Car/Bicyclist, Car/Animal,  
Car/Train, Car/Fixed  
Object



## Special Vehicles

- |          |                                   |
|----------|-----------------------------------|
| 1 Police | 4 Ambulance                       |
| 2 Fire   | 5 Farm equipment                  |
| 3 Bus    | 6 Construction/maintenance equip. |

## Vehicle Defects

- |                     |                |
|---------------------|----------------|
| 1 Brakes            | 4 Tires/wheels |
| 2 Lights/reflectors | 5 Windows      |
| 3 Steering          | 6 Other        |

## Vehicle Use

- 1 Private
- 2 Commercial
- 3 In pursuit/on emergency
- 4 Farm
- 5 School/education
- 6 Club/church (all Y-plates)
- 7 Military
- 8 Other government
- 9 Utility (gas, cable, etc.)
- 10 Road construction/road maintenance
- 11 Other

## Area

### Freeway

- 01 Entrance/exit ramp related
- 02 Median crossing related
- 03 Transition area\*
- 04 Rest area related
- 05 Scale/weight station related
- 06 All other freeway areas

### Intersection

- 07 Within intersection
- 08 Driveway related (within 150 feet of intersection)
- 09 Intersection related-other

### Other Non-Freeway Areas

- 10 Straight roadway  
Not related to other selections
- 11 Curved roadway  
Not related to other selections
- 12 Driveway related
- 13 Parking related (legal roadside)
- 14 Transition area\*
- 15 Median crossing related
- 16 Rail crossing related
- 17 Rest area related
- 18 Scale/weight station related
- 19 Non-traffic area
- 20 Other
- 21 Unknown

\*Increase decrease in the number of travel lanes.

## Trafficway

- 01 Not physically divided (2-way Trafficway)
- 02 Divided highway, median strip, without traffic barrier
- 03 Divided highway, median strip, with traffic barrier
- 04 One-way Trafficway

## Access Control

- 01 No access control (unlimited access)
- 02 Full access control (ramp entry & exit only)
- 03 Other (partial access control)

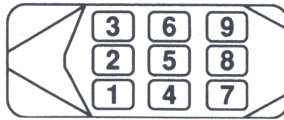
## Hazardous Action

- 00 None
- 01 Speed too fast
- 02 Speed too slow
- 03 Failed to yield
- 04 Disregard traffic control
- 05 Drove wrong way
- 06 Drove left of center
- 07 Improper passing
- 08 Improper lane use
- 09 Improper turn
- 10 Improper/no signal
- 11 Improper backing
- 12 Unable to stop in assured clear distance
- 13 Other
- 14 Unknown
- 15 Reckless Driving
- 16 Careless/Negligent Driving

## Position

- B Bicyclist  
P Pedestrian  
E Engineer (railroad/train)

1-9 Vehicle Interior  
See Representation Below



- 10 Sleeper section
- 11 Other enclosed passenger area/cargo area
- 12 Other unenclosed passenger area/cargo area
- 13 Riding in/on trailing unit
- 14 Riding on vehicle exterior
- 15 Unknown

## Motorcycles, snowmobiles, etc. (In-line seating)

- 1 Driver
- 4 Passenger one
- 7 Passenger two

## Restraint Use

- 01 No belts available
- 02 Shoulder belt only used
- 03 Lap belt only used
- 04 Shoulder & lap belt used
- 05 No belt used
- 06 Child restraint used
- 07 Child restraint not used, not available or improper
- 08 Restraint failure
- 09 Restraint use unknown
- 10 Helmet worn
- 11 Helmet not worn
- 12 Helmet use unknown

## Code of Injury

**K-Fatal Injury** Any injury which results in death.

### A-Incapacitating Injury

Any injury other than fatal which prevents normal activities and<sup>+</sup> generally requires hospitalization.

### B-Non-Incapacitating Injury

Any injury not incapacitating but evident to others at the scene.

**C-Possible Injury** No visible injury but complaint of pain or momentary unconsciousness.

**O-No Injury** No indication of injury.

## Driver Condition

- 01 Appeared normal
- 02 Had been drinking
- 03 Illegal drug use
- 04 Sick
- 05 Fatigue
- 06 Asleep
- 07 Medication
- 08 Driver Distracted
- 09 Driver Using Cellular Phone
- 99 Unknown

## Unit Type

- MV Motor Vehicle  
B Bicyclists (all pedalcyclists)  
P Pedestrian  
E Engineer (railroad/train)

## Action Prior To Crash

### Driver Action

- 01 Going straight ahead
- 02 Turning left
- 03 Turning right
- 04 Stopped on roadway
- 05 Involved in prior crash at same location
- 06 Changing lanes
- 07 Backing
- 08 Slowing/stopping on roadway
- 09 Slowing/stopping other area
- 10 Starting up on roadway
- 11 Starting up other area
- 12 Entering parking
- 13 Leaving parking
- 14 Entering roadway
- 15 Leaving roadway
- 16 Making U-turn
- 17 Overtaking or passing
- 18 Avoiding object
- 19 Avoiding pedestrian
- 20 Avoiding vehicle (front/back)
- 21 Avoiding vehicle (angle)
- 22 Driverless moving
- 23 Parked
- 37 Avoiding animal

### Pedestrian Action

- 24 Crossing at intersection
- 25 Crossing not at intersection
- 26 Getting on/off vehicle
- 27 In roadway with traffic
- 28 In roadway against traffic
- 29 Standing/lying in roadway
- 30 Pushing/working on vehicle
- 31 Other working in roadway
- 32 Playing in roadway
- 33 In roadway other reason
- 34 Not in roadway
- 35 Other
- 36 Unknown

## Private Trailer Type

- 1 Utility
- 2 Travel trailer
- 3 Boat trailer
- 4 Farm equipment
- 5 Towed auto
- 6 Recreation double
- 7 Other

## Sequence of Events/ Most Harmful Event

### Non-Collision

- 01 Loss of control
- 02 Cross centerline/median
- 03 Ran off roadway-left
- 04 Ran off roadway-right
- 05 Re-enter roadway
- 06 Overturn
- 07 Separation of units
- 08 Fire/explosion
- 09 Immersion
- 10 Jackknife
- 11 Downhill runaway
- 12 Cargo loss/shift
- 13 Individual fell from vehicle
- 14 Other noncollision

### Had a Collision With

#### Non-Fixed Objects

- 15 Pedestrian
- 16 Bicyclist
- 17 Motor vehicle in transport\*
- 18 Parked motor vehicle
- 19 Engineer (railroad/train)
- 20 Animal
- 21 Other non-fixed object

#### Fixed Objects

- 22 Bridge/pier/abutment
- 23 Bridge parapet end
- 24 Bridge rail
- 25 Guardrail face
- 26 Guardrail end
- 27 Median barrier
- 28 Highway traffic sign post
- 29 Highway signal post
- 30 Luminaire/light support
- 31 Utility pole
- 32 Other pole
- 33 Culvert
- 34 Curb
- 35 Ditch
- 36 Embankment
- 37 Fence
- 38 Mailbox
- 39 Tree
- 40 Railroad crossing signal
- 41 Building
- 42 Traffic island
- 43 Fire hydrant
- 44 Impact attenuator
- 45 Other fixed object

\*In transport means a motor vehicle in motion or on a roadway.



## Commercial Motor Vehicle Type & Commercial Driver License Endorsement

**Group "A"** is any vehicle that is towing a vehicle or trailer that has a gross vehicle weight rating (GVWR) over 10,000 lbs.



### Vehicle Type

Code Definition

AA	= Group A vehicle
AH	= Group A vehicle, Hazardous
AN	= Group A vehicle, Tanks
AP	= Group A vehicle, Passenger
AT	= Group A vehicle, Double/Triple
AX	= Group A vehicle, Tank & Hazardous
AY	= Group A vehicle, Tank & Double/Triple
AZ	= Group A vehicle, Hazardous, Double/Triple
AL	= Group A vehicle, Hazardous Tank, Double/Triple

Driver's CDL  
Endorsement  
Required

A
AH
AN
AP
AT
AX
ANT
AHT
ATX

**Group "B"** is any single vehicle (including buses) with a GVWR of 26,001 lbs. or more. This would include a combination of vehicles with a combined GVWR over 26,000 lbs. when towing a trailer that has a GVWR of 10,000 lbs. or less:



BB	= Group B vehicle
BH	= Group B vehicle, Hazardous
BN	= Group B vehicle, Tank
BP	= Group B vehicle, Passenger
BX	= Group B vehicle, Tank & Hazardous

B
BH
BN
BP
BX

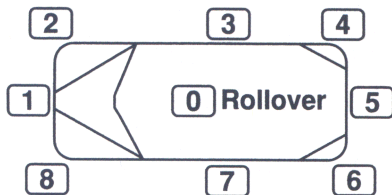
**Group "C"** is any single vehicle with a GVWR of less than 26,001 pounds or a combination of vehicles having a combined GVWR under 26,001 pounds when the vehicle is required to display placards for hazardous material or designed to carry 16 passengers (including driver). Group "C" is also any vehicle carrying 15 or less people (including driver) transporting children to or from school and home on a regular basis for compensation.



CH	= Group C vehicle, Hazardous
CP	= Group C vehicle, Passenger
CX	= Group C vehicle, Tank & Hazardous

CH
CP
CX

## Location of Greatest Damage/First Impact



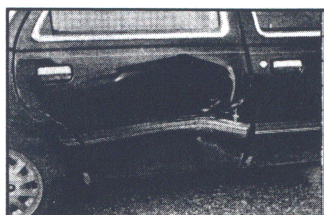
- 9 Undercarriage
- 10 Multiple
- 11 Other/Unknown
- 12 None

## Extent of Vehicle Damage

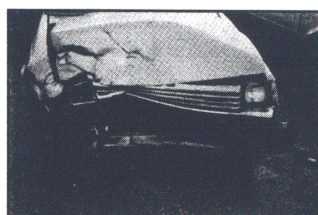
Select the degree of severity. "1" being the least severe and "7" most severe, for each vehicle.

If a vehicle sustained no damage, a "0" (zero) rating is used.

In cases in which vehicles are damaged in more than one area, consider all damage when selecting the appropriate code.



1



3



6

7

## Vehicle Type

(No CDL or Endorsement Required)

PA	= Passenger Car and Station Wagon
VA	= Van & Motor Home
PU	= Pickup
ST	= Small Truck (10,000 lbs. or less GVWR)
CY	= Cycle
MO	= Moped
GC	= Go Cart
SM	= Snowmobile
OR	= Off Road Vehicle (ATV Type)
MD	= Medium Truck over 10,000 lbs. GVWR

(Non CDL) with or without trailer

(Although not specifically listed on the UD-10, an "MD" vehicle should be reported by marking "Truck/Bus" in the Vehicle Type box in the Unit Section, and by marking "Other" as the Vehicle Type in the Truck Bus Section.)

## Truck or Bus Definition

The truck/bus information box located on the back of the form must be completed for each of these vehicles.

- Any truck or truck tractor that has at least two axles and six tires on the power unit, including six wheel pickups.
- Any vehicle that displays a hazardous material placard, automobiles and vans included.
- Any bus designed to transport 16 or more passengers, including the driver.
- Any yellow and black school bus.

(Do not report motor homes or implements of husbandry.)

### Cargo Body Type

- Van (enclosed box)
- Cargo tank
- Flatbed/platform
- Dump
- Concrete mixer
- Auto transport
- Garbage/refuse
- Other/unknown

## Type and Axles Per Unit

Enter the total number of axles for the truck or bus in the first box. Always include the steering axle. There will always be at least two axles. Include all axles whether they are on the ground or raised. Place the letter "T" before the number of axles if the truck is a truck tractor (equipped with a fifth wheel for towing semi-trailers and there is no cargo body mounted on the truck.)

Next, enter the total number of axles for each trailer. List one trailer per box. Include all axles whether they are on the ground or raised. Place an "S" before the number of axles if the trailer is a semi-trailer (designed so that a portion of the load is supported by the towing unit).

### Examples

2			
1st	2nd	3rd	4th

T2	S1	2	
1st	2nd	3rd	4th

T2	S1		
1st	2nd	3rd	4th

2			
1st	2nd	3rd	4th

Questions about the UD-10? Call the  
Central Records Division (517/322-1150)

For additional information in filling out the truck portion,  
assistance may be available by contacting the  
Michigan State Police, Motor Carrier Division (517/336-6195)